

Room2Breathe Referral Form

Room2Breathe is a FREE asthma home-visiting program for patients of St. Christopher Hospital for Children.

Referral criteria:	
<u>Both boxes must be checked:</u>	<u>One box must be checked:</u>
<input type="checkbox"/> Patient of St. Christopher's Hospital for Children	Utilization in past 12-months for asthma-related symptoms:
<input type="checkbox"/> Currently 2-14 years of age	<input type="checkbox"/> 2 or more ED visits
	<input type="checkbox"/> 1 or more admissions
	<input type="checkbox"/> Patient does <u>not</u> meet ED or admission criteria, but referral indicated due to <u>provider discretion</u>

REFERRAL INFORMATION	
Date of Referral:	
Child Name:	
Child Date of Birth:	
Parent/Caregiver Name:	
Home Address:	
Parent/Caregiver Phone #1:	
Parent/Caregiver Phone #2:	
Parent/Caregiver Language:	<input type="checkbox"/> English <input type="checkbox"/> Spanish (Services available in English & Spanish only)
Referring Provider Name:	
Referring Unit:	

CLINICAL INFORMATION	
Rescue Meds (names, doses):	
Controller Meds (names, doses):	
Allergy Meds (names, doses):	
Asthma Severity Classification:	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent-Mild <input type="checkbox"/> Persistent-Moderate <input type="checkbox"/> Persistent-Severe
Asthma Triggers (if known):	
Health Insurance Provider:	

Parent/Caregiver, please read and sign the section below:

I hereby give permission to St. Christopher's Hospital for Children to release the above information to Education Health Plus and the Philadelphia Department of Public Health for possible enrollment in a FREE asthma home-visiting program that provides:

- Educational sessions about controlling your child's asthma
- Free supplies to reduce asthma triggers like mattress & pillow covers, and basic cleaning supplies
- Free pest control services for mice or cockroaches, if needed

Signature of Parent/Caregiver* _____
Date

Signature of Referring Provider or Representative _____
Date

*Parent/Caregiver provides verbal permission in the absence of a signature.

Fax referrals to 267-297-3774

Questions? Call 267-324-5707 or email Room2Breathe@educationplushealth.com